

# BOOKING CONFIRMATION

City of Idaho Falls

Civic Auditorium

PO Box 50220 Idaho Falls, ID 83405-0220 (208)612-8396 Fax (208)612-8476

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Event: \_\_\_\_\_

Performance Date(s): \_\_\_\_\_

Rehearsal Dates(s): \_\_\_\_\_

Amount Included: \$ \_\_\_\_\_

(Per Event)

## Area Performers

<input type="checkbox"/>	1 Day:	\$75.00
<input type="checkbox"/>	2 Days:	\$100.00
<input type="checkbox"/>	3 or more Days:	\$125.00

## Non-Area Performers

<input type="checkbox"/>	1 Day:	\$100.00
<input type="checkbox"/>	2 Days:	\$200.00
<input type="checkbox"/>	3 or more Days:	\$250.00

Signature \_\_\_\_\_

When dates are reserved/booked a deposit will be required.  
Deposit will apply towards the facility rental fee. Refunds will be made if  
booking dates are canceled 90 days prior to date of 1st reservation date.

**\*Deposit must accompany this Confirmation**

**DEPOST CODE 001.0000.347.05.00**